



# ECOLOGY YOUTH CORPS YOUTH CREW MEMBER APPLICATION

The Ecology Youth Corps (EYC) Program is made possible through the Waste Reduction, Recycling, and Model Litter Control Act. It is funded by a tax paid by businesses which manufacture, distribute, or sell products which contribute to the litter problem.

The two types of EYC crews are:

- Road crews which clean litter and recycle materials from interstate freeways, state highways, boat launches, parks, and other public places.
- Special event crews that staff displays at public events, such as fairs and parades, to inform the public about litter prevention, recycling, and other environmental issues.

All crews participate in environmental learning activities. They may also assist in helping to promote the "Litter and It Will Hurt" campaign. Most employment occurs during the summer, although some activities occur year-round.

**Applicants must:** be 14-17 years old on the first day of employment; have a Social Security card and be eligible to work in the United States.

**Proper completion of your application is very important.** Incomplete or unreadable applications will not be considered for employment. Paid and non-paid work experience may be useful for EYC employment, but is not required.

Crew members are hired through a standardized, competitive interview process. Due to the large number of applications received, we are often unable to interview every applicant. If you are selected for an interview, you will be notified by phone or mail.

The Washington State Department of Ecology is an Equal Opportunity employer and does not discriminate on the basis of race, creed, color, disability, age, religion, national origin, sex, marital status, disabled-veteran status, Vietnam-Era veteran's status or sexual orientation. For special accommodation needs, please contact the Employee Services Office at (360) 407-6186. The TTY number is 711 or 1-800-833-6308.

We ask that applicants, not parents or guardians, nor school counselors, fill out the attached application. Please remove and keep this page. Mail your completed application, before the regional deadline, to the Ecology Regional Office listed on the reverse side. Applications will <u>not</u> be accepted after the deadline. For more information please, call the EYC Coordinator at the phone number listed on the next page, or visit our website at:

http://www.ecy.wa.gov/programs/swfa/eyc/cro.html

## PLEASE READ CAREFULLY:

Applications must be:

- <u>Legible</u>
   <u>Complete</u>
   <u>Filled out and signed in ink</u>
- Accompanied by two (2) teacher, school counselor, coach or principal references,

### **AND**

• be received in our office before the deadline.

If your application is found to be incomplete in any way, it may be returned or you may be entirely disqualified from recruitment this season.

Only applicants available to work for a full four-week work period will be considered for summer employment. Camps and vacations are not a good excuse to miss work when the work period is so short, and when many other teens both desire and need a job.

All EYC crew member positions are temporary. Hiring is based on our standardized interview results. You will be notified regarding your interview status.

# Where to Send Your Application

Benton EYC Coordinator
Chelan Department of Ecology
Douglas Central Regional Office
Kittitas 15 West Yakima Avenue
Klickitat Suite 200
Okanogan Yakima WA 98902-3401
Yakima

Main Office Phone (509) 454-7209

**Central Region Office** 

### **Central Region Office Contacts**

| Rod Hankinson, EYC Coordinator | (509) 454-7209 |
|--------------------------------|----------------|
| Shelly Smith, EYC, Assistant   | (509) 454-7873 |

**Central Region Crew Locations** 

(Remove and KEEP this page)

| FOR OFFICIAL USE ONLY |   |
|-----------------------|---|
| Date Received:        | _ |

# APPLICATION FOR EMPLOYMENT **CREW MEMBER – ECOLOGY YOUTH CORPS**

## Please type or print LEGIBLY in ink and fill out both sides of this form

| Name: (Last) (I  | Pirst)                            | (M.I.)                                       |                                      |
|--|-----------------------------------|--|--------------------------------------|
| Date of Birth: / / month/date/year   | Phone: ( ) -                      | Message                                      | e: <u>(</u> ) -                      |
| Address:   | City                              | State  | Zip:                                 |
| County:  | Dates available for employment: 1 | From: / /                                    | To: / /                              |
| Where did you learn about this job opportunity?  |                                   |  |                                      |
| Have you ever been convicted of a misdemeanor or f   | elony? Yes \[ \]                  | No 🗌   |                                      |
| IN AN EMERGENCY CALL (Parent or Guardian)  |                                   |  |                                      |
| Name:  |                                   | Phor   | ne: _ ( ) -                          |
| Address:   |                                   |  | -                                    |
| Relationship:  | C                                 | ity  | State Zip Code                       |
| EDUCATION:   |                                   |  |                                      |
| SCHOOL NAME:   |                                   | CURRENT GRADE                                | LEVEL (year in school):              |
| EMPLOYMENT: List in order, present or last posi  | tion first. Are                   | you a former EYC crew m                      | nember? Yes No                       |
| Last or Present Employer:  | Telephone                         | # ( ) -                                      | FROM: (Month, Year)                  |
| Position:  | Employer's address:               |  | TO: (Month, Year)                    |
| SPECIFIC DUTIES:   |                                   |  | Hours Per Week  Immediate Supervisor |
|  |                                   |  |                                      |
| 2. Employer:   | Telenhone                         | # ( ) -                                      | FROM: (Month, Year)                  |
| Position:  |                                   |  | TO: (Month, Year)                    |
| SPECIFIC DUTIES:   | <u> </u>                          |  | Hours Per Week                       |
|  |                                   |  | Immediate Supervisor                 |
|  | DO NOT DETACH                     |  |                                      |
|  | DO NOT DETACH                     |  |                                      |
| EQUAL OPPORTUINITY INFORMATION – In order your voluntary cooperation by indicating the following |                                   |  |                                      |
| Name:  |                                   |  | Race/Ethnic Origin (please check)    |
| (Last)   | (First) (I                        | nitial)                                      | ☐ A Native American                  |
| Gender: Male   | of Birth: (month / day / year)    | //   | ☐ W Caucasian                        |
| Disabled: No Yes   |                                   | ]  | ☐ C Asian/Pacific Islander           |
| <del>_</del>   |                                   | [  | M Hispanic                           |
| ECY 030-22(a) Revised 12/02  |                                   | ]  | B African American                   |
| Ecology Region:(Official Use Only)   |                                   | <u>                                     </u> | Other:                               |

# REMOVE AND RETURN THIS PAGE FILL OUT THE FOLLOWING COMPLETELY

| If you have skills or experience gained nature of the project or organization.   | through volunteer work, community p  | rojects, or service organizations, plea | se describe here. Give dates and |  |  |  |
|--|--------------------------------------|---|----------------------------------|--|--|--|
|  |                                      |   |                                  |  |  |  |
| Special skills or capabilities that might  | related to this job:                 |   |                                  |  |  |  |
|  |                                      |   |                                  |  |  |  |
| Hobbies, interests, school activities, etc   | 2.:                                  |   |                                  |  |  |  |
|  |                                      |   |                                  |  |  |  |
|  |                                      |   |                                  |  |  |  |
| REFERENCES: (Do <u>not</u> list former   | supervisors or relatives) (List diff | erent references than on your Refere    | nce Form)                        |  |  |  |
| NAME   | RELATIONSHIP                         | ADDRESS                                 | PHONE NUMBER                     |  |  |  |
| 1.   |                                      |   | ( ) -                            |  |  |  |
| 2.   |                                      |   | ( ) -                            |  |  |  |
| I certify that the information that has been provided on this application is true and complete to the best of my knowledge. I understand that any false or misleading information may result in the rejection of my application or my termination if employed. |                                      |   |                                  |  |  |  |
| SIGNATURE (in ink)   |                                      | DATE                                    |                                  |  |  |  |